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FACSIMILE TRANSMISSION COVER SHEET

Date: June 20, 2005

To: United States Patent and Trademark Office
Examiner: Owens, Douglas; Art Unit: 2811

Fax: (703) 872-9306

Re: **Application Serial No.: 09/878,815**
Filing Date: 6/11/2001; First-Named Inventor: Hashemi
Attorney Docket No.: 00CON159PC-CIP1

From: Farjami & Farjami LLP

Number of pages including the cover sheet: 13

Message:

Enclosed please find the Amendment and Response to Non-Final Office Action dated March 21, 2005.

Thank you.

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Attorney Docket No.: 00CON159PC-CIP1

AMENDMENT COVER SHEETIN RE APPLICATION OF: Hashemi, et al.SERIAL NO.: 09/878,815 FILED: June 11, 2001FOR: Structure and Method for Fabrication of a Leadless Chip CarrierHONORABLE COMMISSIONER FOR PATENTS
P.O. Box 1450, Alexandria, VA 22313-1450

Sir/Madam:

Transmitted herewith is a paper in the above-identified application. Any necessary extension of time period set for this paper is hereby requested.

- ☐ No additional fee is required.
- ☐ The fee has been calculated as shown below:

☐ EXTENSION FEE

| | RATE Non-Small Entity | RATE Small-Entity | FEE |
|------------------------------------|--------------------------|----------------------|-----|
| FIRST MONTH AFTER TIME PERIOD SET | 120.00 | 60.00 | \$ |
| SECOND MONTH AFTER TIME PERIOD SET | 450.00 | 225.00 | \$ |
| THIRD MONTH AFTER TIME PERIOD SET | 1,020.00 | 510.00 | \$ |
| FOURTH MONTH AFTER TIME PERIOD SET | 1,590.00 | 795.00 | \$ |

- ☐ TOTAL EXTENSION FEE \$ 0.00
- ☐ FEE FOR EXTRA CLAIMS added by Amendment in this response:

| | Column 1 | Column 2 | Column 3 | | | |
|--|--|----------------------------------|------------------------------|-----------------------------|----------------------|-----|
| | Number of Claims after Amendment | Number Previously Paid for | Number of Extra Claims | RATE Non-Small Entity | RATE Small Entity | FEE |
| TOTAL CLAIMS | 19 | MINUS **71 | * = 0 | x 50 | x 25 | \$ |
| INDEPENDENT | 3 | MINUS ***4 | * = 0 | x 200 | x 100 | \$ |
| First presentation of multiple dependent claim | | | | + 360 | + 180 | \$ |

TOTAL FEE FOR EXTRA CLAIMS \$ 0.00

- * If the entry in Column 1 is less than the entry of Column 2, write "0" in Column 3.
- ** If the number of Total Claims previously paid for is less than 20, write "20" in this space.
- *** If the number of Independent Claims previously paid for is less than 3, write "3" in this space.

Attorney Docket No.: 00CON159PC-CIP1

- ☐ Total fee for Supplemental Information Disclosure Statement \$
- ☐ Enclosed is the total fee of \$ 0.00 (Payment by Credit Card, Form PTO-2038 Enclosed).
- ☐ Please charge Deposit Account No. 50-0731 in the amount of \$
- ☒ The Commissioner is hereby authorized to charge payment of any additional fees associated with this communication, or credit any overpayment to Deposit Account No. 50-0731. A duplicate copy of this sheet is enclosed.

Date:

6/29/05

By:

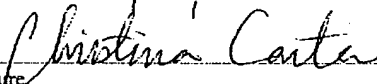

Michael Farjami, Reg. No. 38,135CERTIFICATE OF FACSIMILE TRANSMISSION

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Date

6/20/05

Signature

Christina Carter
Name of Person Performing Facsimile Transmission

Michael Farjami, Esq.
Farjami & Farjami LLP
26522 La Alameda Ave., Suite 360
Mission Viejo, CA 92691
Telephone: (949) 282-1000
Facsimile: (949) 282-1002

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Signature

Typed or Printed Name of Person Mailing Paper and/or Fee

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Date: 6/20/05By: [Signature]
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For: **Structure and Method for
Fabrication of a Leadless Chip
Carrier**

Group Art Unit: 2811

Examiner: Owens, Douglas W.

AMENDMENT AND RESPONSE TO NON-FINAL OFFICE ACTION

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Dear Sir/Madam:

This is in response to the Non-Final Office Action dated March 21, 2005 in the above-referenced patent application. Please enter and consider the following amendments and remarks.